Health, Welfare Public Service

. 300
. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED APR 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10813
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2899

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St.Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1. — Length of stay in 1b 25 2 23	d. STREET ADDRESS (If outside, give location) 2418 S.Broadway — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First LOGAN Middle E Last NICEWANER

4. DATE OF DEATH: Month MAR. Day 22, Year 1957

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐

8. DATE OF BIRTH: Dec 7 1884

9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner

10b. KIND OF BUSINESS OR INDUSTRY: Used magazines & Book Store

11. BIRTHPLACE (City and state or country): Clifton City Mo

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Earl Nicewaner

14. MOTHER'S MAIDEN NAME: Sarah Morris

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 489 12 2474

17. INFORMANT: Edna Tucker Nicewaner (Wife) Address: 2418 S.Broadway

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Respiratory failure 2° to Bronchopneumonia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Chronic Lung disease

DUE TO (c) Pulmonary Tbc. activity not known

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ Z

20a. ACCIDENT ☐ SUICIDE ☑ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 0021

20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3/21/57 to 3/22/57 and last saw her/him alive on 3/22/57. Death occurred at 6:40 P.M on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: James M. Martin M.D. (Degree or title)

22b. ADDRESS: 1515 LAFAYETTE AVE.

22c. DATE SIGNED: 3/25/57.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Mar 26 57

23c. NAME OF CEMETERY OR CREMATORY: St.Matthew

23d. LOCATION (City, town, or county) (State): St.Louis Mo

24. FUNERAL DIRECTOR: E.J.Schnur ADDRESS: 3125 Lafayette

25. DATE RECD. BY LOCAL REG.: MAR 26 '57

26. REGISTRAR'S SIGNATURE: J Earl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision...

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 2014

P. O. Address 3125 Lafay

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.